



Notice of Intent (NOI) for Stormwater Discharges from  
Large and Small Construction Activities,  
NPDES General Permit SCR100000

**For official use only**

File number: 08-05-03-07A

Permit number: SCR10E185

Submittal package complete: \_\_\_\_\_

Public Notice Start Date (OCRM only): 7-7-08

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Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 4.

Date: 0 6 / 1 8 / 2 0 0 7

Project/ Site Name: Shelling @ St. Thomas Island - Phase 2

County: Berkeley

Do you want this project to be considered for the Expedited Permitting Program (EPP)? ☐ Yes ☒ No (See instructions.)

**I. Project Information**

Project Owner/ Operator (Company or person): Centex Homes

Permit Contact (if owner is company): Todd Fairfax

Company EIN: \_\_\_\_\_

Mailing Address: 185 Fairchild Street, Ste 400

City: Charleston

State: SC Zip: 2 9 4 9 2

Phone: (Day) 8 4 3 - 7 4 0 - 7 2 7 0 (Mobile) \_\_\_\_\_ (Fax) 8 4 3 - 7 4 0 - 7 2 8 0

Email address (optional): \_\_\_\_\_

**II. Property Information**

A. Site Location (street address, nearest intersection, etc.): St. Thomas Island Drive

City/ Town (if in limits): N/A Latitude: 3 2 ° 5 2 ' 1 0 " N Longitude: - 7 9 ° 5 5 ' 5 0 " W

Tax map # (list all): 275-00-00-038

B. Property Owner (if different from section I above): Same as Section I above

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

**III. Site Information**

A. Disturbed area (to the nearest tenth of an acre): 1 2 . 3 Total area: 1 2 . 3

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☒ Yes ☐ No

If yes, what is the previous state permit number? 0 8 - 0 5 - 0 3 - 0 7 Previous NPDES number: SCR10 0 0 0 0

LCP/ Overall Development Name: Shelling @ St. Thomas Island

C. Start Date (MM/DD/YYYY): 0 7 / 1 6 / 2 0 0 7 Completion Date: 0 7 / 1 6 / 2 0 0 8

D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation: \_\_\_\_\_

E. Type of Activity (check all that apply):

☐ Commercial ☒ Residential: Single-family ☐ Linear (Roads, utility lines, etc.) ☐ Other:  
☐ Institutional ☐ Residential: Multi-family ☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream or adjacent to this site? ☐ Yes ☒ No

G. Is this NOI being submitted in response to a Notice to Comply issued by S.C. DHEC? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No

If yes, list the MS4 operator or urbanized area name: \_\_\_\_\_

**IV. Waterbody Information**

A. Nearest receiving waterbody(s): Beresford Creek Distance to this waterbody (feet): 1200'

Next/Nearest named receiving waterbody(s): Wando River

**B. Wetlands/ Waters of the State**

	On the site?	If yes, delineated/identified?	Impacts?	Amount of impacts
1. Waters of the U.S./ State	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0.03</u> Ac _____ Feet
a. Perennial stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet
b. Intermittent stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet
c. Ephemeral stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet
d. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet
e. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>0.03</u> Ac _____ Feet
f. Other (List): _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet

2. If yes for impacts in item B.1, has a USACOE permit been applied for or obtained for those impacts?

☐ Yes ☐ No ☒ N/A If yes, list the permit/ application number: \_\_\_\_\_

### C. Impaired Waterbodies

Do stormwater (SW) discharges from the site drain to a watershed that drains to a DHEC WQ monitoring site (WQMS)...

1. Listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
  - a. If yes for (1), is there an unimpaired WQMS between your site and the impaired WQMS? ☐ Yes ☒ No
  - b. If no for (a), list the waterbody. Wando River List the impairment(s). cu, Fe
  - c. Will construction SW discharges from your site contain the pollutant(s) of impairment? ☒ Yes ☐ No
  - d. If yes for (c), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☒ Yes ☐ No
2. For which a TMDL(s) has been developed? ☐ Yes ☐ No
  - a. If yes for (2), list the waterbody. Wando River List the impairment(s). DO
  - b. Has the standard been attained for the impairment(s)? ☐ Yes ☒ No
  - c. If no for (b), will construction SW discharges from your site contain the pollutant of impairment?  
☒ Yes ☐ No
  - d. If yes for (c), are your discharges consistent with the assumptions and requirements of the TMDL(s)?  
☒ Yes ☐ No
  - e. If no for (d), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No

- D. Are S.C. Navigable Waters (SCNW) on the site?** ☐ Yes ☒ No If yes, list the SCNW: \_\_\_\_\_
- Will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No
- If yes, then describe activity (e.g., road crossing, sub aqueous utility line). \_\_\_\_\_
- Has an SCNW permit been issued for this site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No
- If yes, list permit number and corresponding activities. \_\_\_\_\_

### V. Operator Information

- A. SWPPP Preparer:** Stuart D. Whiteside S.C. Registration #: 09437  
Company/ Firm: Stuart Whiteside & Assoc. S.C. COA #: 0472  
Mailing Address: 50 Wando Park Blvd #200 City: Mt. Pleasant State: SC Zip: 29464  
Phone: (Day) 843-884-1667 (Mobile) \_\_\_\_\_ (Fax) 843-884-6944  
Email address (optional): \_\_\_\_\_
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person):** Center Homes  
Site Contact (if ODSA is company): Todd Fairfax  
Mailing Address: 125 Fairchild St. #400 City: Charleston State: SC Zip: 29492  
Phone: (Day) 843-740-7270 (Mobile) \_\_\_\_\_ (Fax) 843-740-7200

### VI. Signatures and Certifications

- A.** One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)

Please check one. ☒ Engineer ☐ Tier B Land Surveyor ☐ Landscape Architect

Stuart D. Whiteside

[Signature]

09437

Printed name of SWPPP Preparer

Signature of SWPPP Preparer

S.C. Registration #

- B.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Todd Fairfax

[Signature]

DIVISION  
PRESIDENT  
Title/ Position

Printed name of Project Owner/Operator

Signature of Project Owner/Operator

Title/ Position



